

OKLAHOMA MIDWIFE TWINS INFORMED CONSENT FORM

Instructions: Per OAC 310:395-5-6.1(a)(1). Informed consent and disclosure statements on vaginal birth after caesarian (VBAC), vaginal breech birth, and vaginal multiple birth must be approved by the Advisory Committee on Midwifery. Copies of this consent form may be downloaded by visiting the OSDH Midwives Program webpage or requesting a copy by contacting the OSDH Consumer Health Service at CHSLicensing@health.ok.gov.

TWINS INFORMED CHOICE AND CONSENT AGREEMENT

The American College of Obstetricians and Gynecologists considers twin birth an absolute contraindication to planned out-of-hospital birth. This is due to a higher risk of perinatal and maternal death.

When you are pregnant with twins, you have three (3) options for delivery:

1. A planned vaginal hospital birth as determined by a physician.
2. A planned elective cesarean birth.
3. A planned home birth with risks as described below.

I, _____, do hereby request the assistance of a Licensed Midwife, in the birth of our babies outside of a hospital. I make this request with a full understanding of the potential risks and potential complications of a twin birth. These complications and risks may include, but are not limited to:

- Maternal hemorrhage
- Increased risk of blood transfusion or hysterectomy
- Increased risk of maternal death from hemorrhage
- Increased risk of fetal distress in one or both babies
- Increased risk of fetal/neonatal damage due to oxygen deprivation
- Increased risk of fetal or neonatal death
- Cord prolapse (where the cord presents before the baby through a dilated cervix), which could interrupt the flow of oxygen to the baby resulting in brain damage and/or death
- If Baby B is breech and larger than Baby A (20% discordance), then planned vaginal delivery of Baby B is not recommended and is unsafe for home birth

Breech section related to Twin B- In the event that Baby B is breech, becomes breech, or presentation is unknown, complications and risks may include, but are not limited to:

- Increased need for resuscitation of the newborn
- Overall, vaginal delivery of a breech baby may increase the risk of fetal death and/or short-term serious neonatal morbidity
- These risks may be higher in first time mothers
- The distance from a NICU and pediatrician may increase risk of morbidity and mortality to the infant
- Perineal lacerations, episiotomy (injury to the area between the vagina and the anus, surgical cut to the area between the vagina and the anus)
- Fetal head entrapment at delivery
- Increased need for resuscitation of the newborn

I understand that my provider, with collaboration of Maternal Fetal Medicine (MFM), will be better able to counsel me on the risks of a delivery and confirm that Baby A is head down if I have an ultrasound at 34-36 weeks to check the size and position of the babies. _____ (initial)

I agree to undergo a diagnostic ultrasound in order to stay in midwifery care . _____ (initial)

I understand that the average gestational age for delivery of twins is 35 weeks gestational age, that I have a higher risk of preterm labor, preeclampsia, and gestational diabetes, therefore my risk of being unable to deliver at home is elevated.

